

01/23/02
1135 U.S. PTO

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|--|--|------------------------|------------------------------------|--|
| Vidas, Arrett & St inkraus Utility Patent Applicati n Transmittal | | Atty. Docket No | | S63.2-10059 |
| | | First Inventor | | Olson |
| | | Title: | Stent Delivery System Loading Tool | |
| | | Express Mail Label No. | | EV016724545US |
| Applicati n Elem nts | | Address T : | | Commissioner for Patents Box Patent Application Washington, DC 20231 |

| | | |
|---|---|----------|
| 1. <input checked="" type="checkbox"/> | Fee Transmittal Form | Pages 2 |
| | <input checked="" type="checkbox"/> Check Included | |
| 2. <input type="checkbox"/> | Applicant claims small entity status | |
| 3. <input checked="" type="checkbox"/> | Specification (including pg cover sheet, 8pg description, 5pg claims and 1pg abstract) | Pages 14 |
| 4. <input checked="" type="checkbox"/> | Drawings | Pages 4 |
| 5. <input checked="" type="checkbox"/> | Oath or Declaration | Pages 3 |
| | a. <input checked="" type="checkbox"/> Newly executed (original or copy) | |
| | b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 19 completed) | |
| | i. <input type="checkbox"/> Deletion of Inventor(s) – signed statement attached deleting inventors named in the prior application | Pages |
| 6. <input checked="" type="checkbox"/> | Application Data Sheet | Pages 1 |
| 7. <input checked="" type="checkbox"/> | Assignment Papers (cover sheet & documents and check) <input type="checkbox"/> Previously recorded on , Reel , Frames | Pages 3 |
| 8. <input checked="" type="checkbox"/> | Power of Attorney <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (when there is an assignee) | Pages 1 |
| 9. <input type="checkbox"/> | English Translation Document | Pages |
| 10. <input checked="" type="checkbox"/> | Information Disclosure Statement <input checked="" type="checkbox"/> Copies of Citations (7 references) | Pages 5 |
| 11. <input type="checkbox"/> | Preliminary Amendment | Pages |
| 12. <input checked="" type="checkbox"/> | Return Receipt Postcard | Pages 1 |
| 13. <input type="checkbox"/> | Certified Copy of Priority Document | Pages |
| 14. <input type="checkbox"/> | Nonpublication Request | Pages |
| 15. <input checked="" type="checkbox"/> | Constructive Petition | Pages 1 |
| 16. <input checked="" type="checkbox"/> | Limited Authorization | Pages 1 |
| 17. <input checked="" type="checkbox"/> | VAS Utility Patent Application Transmittal | Pages 1 |
| 18. <input type="checkbox"/> | Other | Pages |

19. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet


☐ Continuation ☐ Divisional ☐ Continuation-in-part Of prior application no.

Prior Application Information: Examiner Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

20. TOTAL NUMBER OF PAGES 37


21. CORRESPONDENCE ADDRESS



00490

PATENT TRADEMARK OFFICE

INSERT CUSTOMER NUMBER LABEL ABOVE

| | | |
|-----------|---|----------------|
| Name | James M. Urzedowski, Reg. No. 48,596 | |
| Signature |  | Date 1/23/2002 |

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10055836-012302

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | Not yet assigned |
| Filing Date | Concurrently herewith |
| First Named Inventor | Olson |
| Examiner Name | Not yet assigned |
| Group Art Unit | Not yet assigned |
| Attorney Docket No. | S63.2-10059 |

TOTAL AMOUNT OF PAYMENT (\$924.00)

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees to:

Deposit Account Number 22-0350

Deposit Account Name Vidas, Arrett & Steinkraus

☐ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.
See 37 CFR 1.27

☒ Credit any overpayments to Deposit Account No. 22-0350
Deposit Account Name: Vidas, Arrett & Steinkraus

2. ☒ Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code | Small Entity Fee Code | Fee (\$) | Fee (\$) | Fee Description | Fee Paid |
|--------------------------|--------------------------|----------|----------|------------------------|----------|
| 101 | 201 | 740 | 370 | Utility filing fee | 740.00 |
| 106 | 206 | 330 | 165 | Design filing fee | --- |
| 107 | 207 | 510 | 255 | Plant filing fee | --- |
| 108 | 208 | 740 | 370 | Reissue filing fee | --- |
| 114 | 214 | 160 | 80 | Provisional filing fee | --- |

SUBTOTAL (1) \$ 740.00

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|----------------------------------|--------------|----------------|----------|
| 28 - 20** = 8 X | \$18.00 | | = 144.00 |
| Independent Claims 2 - 3** = 0 X | 84.00 | | = 0.00 |
| Multiple Dependent | --- | | = 0.00 |

| Large Entity Fee Code | Small Entity Fee Code | Fee (\$) | Fee (\$) | Fee Description | Fee Paid |
|--------------------------|--------------------------|----------|----------|--|----------|
| 103 | 203 | 18 | 9 | Claims in excess of 20 | |
| 102 | 202 | 84 | 42 | Independent claims in excess of 3 | |
| 104 | 204 | 280 | 140 | Multiple dependent claim, if not paid | |
| 109 | 209 | 84 | 42 | **Reissue independent claims over original patent | |
| 110 | 210 | 18 | 9 | ** Reissue claims in excess of 20 and over original patent | |

SUBTOTAL (2) \$ 144.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code | Small Entity Fee Code | Fee (\$) | Fee (\$) | Fee Description | Fee Paid |
|-----------------------------------|--------------------------|----------|----------|--|-----------|
| 105 | 205 | 130 | 65 | Surcharge - late filing fee or oath | --- |
| 127 | 227 | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | --- |
| 139 | 239 | 130 | 130 | Non-English specification | --- |
| 147 | 247 | 2,520 | 2,520 | For filing a request for <i>ex parte</i> reexamination | --- |
| 112 | 212 | 920* | 920* | Requesting publication of SIR prior to Examiner action | --- |
| 113 | 213 | 1,840* | 1,840* | Requesting publication of SIR after Examiner action | --- |
| 115 | 215 | 110 | 55 | Extension for reply within first month | --- |
| 116 | 216 | 400 | 200 | Extension for reply within second month | --- |
| 117 | 217 | 920 | 460 | Extension for reply within third month | --- |
| 118 | 218 | 1,440 | 720 | Extension for reply within fourth month | --- |
| 128 | 228 | 1,960 | 980 | Extension for reply within fifth month | --- |
| 119 | 219 | 320 | 160 | Notice of Appeal | --- |
| 120 | 220 | 320 | 160 | Filing of Appeal | --- |
| 121 | 221 | 280 | 140 | Request for oral hearing | --- |
| 138 | 238 | 1,510 | 1,510 | Petition to institute a public use proceeding | --- |
| 140 | 240 | 110 | 55 | Petition to revive - unavoidable | --- |
| 141 | 241 | 1,280 | 640 | Petition to revive - unintentional | --- |
| 142 | 242 | 1,280 | 640 | Utility issue fee (or reissue) | --- |
| 143 | 243 | 460 | 230 | Design issue fee | --- |
| 144 | 244 | 620 | 310 | Plant issue fee | --- |
| 122 | 222 | 130 | 130 | Petitions to the Commissioner | --- |
| 123 | 223 | 50 | 50 | Processing fee under 37 CFR 1.17(q) | --- |
| 126 | 226 | 180 | 180 | Submission of Information Disclosure Stmt | --- |
| 581 | 581 | 40 | 40 | Recording each patent assignment per property (times number of properties) | \$40.00 |
| 146 | 246 | 740 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | --- |
| 149 | 249 | 740 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | --- |
| 179 | 279 | 740 | 370 | Request for Continued Examination (RCE) | --- |
| 169 | 269 | 900 | 900 | Request for expedited examination of a design application | --- |
| Other Fee (specify) | | | | | (\$) |
| *Reduced by Basic Filing Fee Paid | | | | SUBTOTAL (3) | (\$40.00) |

James M. Urzedowski, Reg. No. 48,596

Signature

Telephone 952-563-3000

Date January 23, 2002

WARNING: Information in this form may become public. Credit Card information should not be included in this form. Provide credit card information and authorization in PTO-2038.